

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10814522

03-30-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13						
14		2				
15		2				
16		2				
17	1					
18		1				
19		1				
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33		1				
34		1				
35		4				
36		4				
37		4				
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43		4				
44		4				
45						
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	73					
TOTAL CLAIMS	77					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						